#3

Docket No. LS/0022.00

APR 1 1 2002

PTO/SB/01A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of the persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:						
The decide of the Property of the						
This declaration is directed to:						
☐ The attached application, or						
X Application No10/068,254, filed on February 4, 2002 ,						
as amended on(if applicable);						
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;						
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;						
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information know to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and						
All statements made herein of my/own knowledge are true, all statements made herein on information an belief are believed to be true, and further that these statements were made with the knowledge that willf false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and ma jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF INVENTOR(S)						
Inventor one: Alan M. Vale						
Signature: Citizen of: U.S.						
Inventor two: Kurt Dammermann						
Signature: Citizen of: U.S.						
Inventor three: Robin G. Petravic						
Signature: Citizen of: Great Britain						
Inventor four: Timothy W. Genske						
Signature: Citizen of: U.S.						
X Additional inventors are being named on1 additional form(s) attached hereto.						

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ocket No. LS/0022.00

Supplemental Sheet

PTO/SB/01A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

APR 1 1 2002 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

ARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

As the below name	ed inventor(s), I/we declare t	hat:				
This declaration is	directed to:					
	☐ The attached applicat	ion, or				
		10/068,254 , filed on February 4, 2002 ,				
	as amended on	(if applicable);				
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;						
	ed and understand the conte amendment specifically refer	ents of the above-identified application, including the claims, as red to above;				
to me/us to be n became available	naterial to patentability as	United States Patent and Trademark Office all information known defined in 37 CFR 1.56, including material information which the prior application and the National or PCT International filing applicable; and				
belief are believed false statements a	d to be true, and further tha	ledge are true, all statements made herein on information and at these statements were made with the knowledge that willful by fine or imprisonment, or both, under 18 U.S.C. 1001, and may a patent issuing thereon.				
FULL NAME OF I	NVENTOR(S)					
Inventor five:	William G. Swinton					
Signature:	MAJ	Citizen of: U.S.				
Inventor six:	Eric O. Bodnar					
Signature: _	(O) of	Citizen of: U.S.				
Inventor seven: _						
Signature: _		Citizen of:				
Inventor eight: _						
Signature:		Citizen of:				
Additional invento	rs are being named on	additional form(s) attached hereto.				

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



rademark Office; Unformation unless i er 10/06 Febru tor Vale	PTO/SB/81 (10-00 prough 10/31/2002. OMB 0651-003: S. DEPARTMENT OF COMMERC it display a valid OMB control number 158, 254
Februator Vale	58,254
Febru ntor Vale	
ntor Vale	
Unass	signed
	signed
lumber LS/00	22.00
	Place Customer Number Bar Code Label here
Desistrati	Al b. p.u
Registration, 929	on Number
, 74.3	
l application to	o:
CA	Zip 95032-3503
·.l	1201
CA (408) 490-	1201
·.l	1201
(408) 490-	1201
B/96).	1201
B/96).	120

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

☑ *Total of

6

forms are submitted.

Under the Raperwork Reduction	Act of 1995, no persons are required to r	T	informatio		
DEMA		Application Numb	oer		8,254
	ATTORNEY OR	Filing Date			ary 4, 2002
AUTHORIZATION OF AGENT		First Named Inve	ntor	Vale	· · · · · · · · · · · · · · · · · · ·
AUTHURIZAT	ION OF AGENT	Group Art Unit		Unass	
		Examiner Name		LS/00	igned
		Attorney Docket	Tumber	20,00	
I hereby appoint:				Γ	Plana Cuataman
X Practitioners	at Customer Number	28653		→	Place Customer Number Bar Code
_ OR					Label here
Practitioner(s)	named below:				
- 1	Name			gistratio	n Number
John A.	Smart	34	1,929		
					•
		l l			
	e) or agent(s) to prosecute the				
Please change the co		nark Office connec	cted the	erewith.	* •
business in the Unite	orrespondence address for the ioned Customer Number.	nark Office connec	cted the	erewith.	* •
Please change the control or the street or t	ed States Patent and Traden	nark Office connec	cted the	erewith.	* •
Please change the co The above-ment OR Firm or Individual Name Address	orrespondence address for the ioned Customer Number. John A. Smart	nark Office connection	cted the	erewith.	* •
Please change the control or the state of the control or the state of	orrespondence address for the ioned Customer Number. John A. Smart 708 Blossom Hill Rd.	nark Office connection and the connection are connected as a connection and the connection are connected as a connection are connected as a connected as a connected are connected are connected as a connected are connected are connected are connected are connected as a connected are connected are connected are connected as a connected are	d applic	erewith.):
Please change the co X The above-ment OR Firm or Individual Name Address Address City	orrespondence address for the ioned Customer Number. John A. Smart 708 Blossom Hill Rd. Los Gatos	nark Office connection	d applic	erewith.	* •
Please change the control or lindividual Name Address Address	orrespondence address for the ioned Customer Number. John A. Smart 708 Blossom Hill Rd.	nark Office connection and the connection are connected as a connection and the connection are connected as a connection are connected as a connected as a connected are connected are connected as a connected are connected are connected are connected are connected as a connected are connected are connected are connected as a connected are	d applic	erewith.	Zip 95032-3
Please change the control or lindividual Name Address Address City Country Telephone I am the: X Applicant/Inve	orrespondence address for the ioned Customer Number. John A. Smart 708 Blossom Hill Rd. Los Gatos U.S.A. (408) 395-8819 entor.	nark Office connection and see above-identified , #201 State Fax See 37 CFR 3.71.	d applic	ation to	Zip 95032-3
Please change the control or lindividual Name Address Address City Country Telephone I am the: X Applicant/Inve	John A. Smart 708 Blossom Hill Rd. Los Gatos U.S.A. (408) 395-8819 entor. ecord of the entire interest. Sider 37 CFR 3.73(b) is enclosed.	nark Office connection and seed of the see	d applic	ation to	Zip 95032-3
Please change the co X The above-ment OR Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inve	orrespondence address for the ioned Customer Number. John A. Smart 708 Blossom Hill Rd. Los Gatos U.S.A. (408) 395-8819 entor.	nark Office connection and seed of the see	d applic	ation to	Zip 95032-3

forms if more than one signature is required, see below*.

forms are submitted.

6

▼Total of .

Please type a plus sign (+) ins	PE (c) +		Δη	proved fo	r use through	10/31/	PTO/SB/81 (10-00) 2002. OMB 0651-0035
Under the Paperwork Reduction Act of	of 1995, no de sons are required to re	U.S. Patent spond to a collect	and Trac	temark O	ffice: U.S. DI	PARTI	MENT OF COMMERCE
	ADEMARIL	Application I			10/068,2		
		Filing Date			February 4, 2002		
POWER OF AT	TORNEY OR	First Named Inventor		or ,	Vale		
AUTHORIZATIO	ON OF AGENT	Group Art Unit		,	Unassign	eđ	
		Examiner Name		1	Unassign	ed	
		Attorney Do	cket Nu	mber	LS/0022.0	0	
I hereby appoint: X Practitioners at C OR Practitioner(s) na John A. Sma	Name	28653	34,5		► Nu	ımber bel he	
	r agent(s) to prosecute the States Patent and Tradema					o tran	sact all
	espondence address for the ed Customer Number.	e above-iden	tified a	pplica	tion to:		
Firm <i>or</i> Individual Name	John A. Smart						
Address							
Address	708 Blossom Hill Rd.,	#201					
City	Los Gatos		State	CA		Zip	95032-3503

Date

March 18, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

The total of ____6 ____ forms are submitted.

SIGNATURE of Applicant or Assignee of Record

Fa<u>x</u>

(408) 490-2853

Country

Name

Telephone
I am the:

X Applicant/Inventor.

Robin G

U.S.A.

(408) 395-8819

Petravic

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Please type a plus sign (+) inside this bot APR 1 1 2002 Under the Paperwork Reduction Act of 1995, not present are required to res	U.S. Patent and Trademark	PTO/SB/81 (10-00) for use through 10/31/2002. OMB 0651-0035 Office; U.S. DEPARTMENT OF COMMERCE n unless it display a valid OMB control number.
& TRADEMAN	Application Number	10/068,254
·	Filing Date	February 4, 2002
POWER OF ATTORNEY OR	First Named Inventor	Vale
AUTHORIZATION OF AGENT	Group Art Unit	Unassigned
·	Examiner Name	Unassigned
:	Attorney Docket Number	LS/0022.00
I hereby appoint: X Practitioners at Customer Number OR Practitioner(s) named below:	28653	Place Customer Number Bar Code Label here

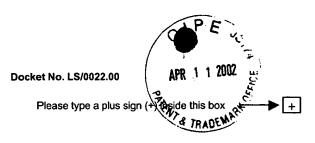
John A. Smart 34,929 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: X The above-mentioned Customer Number. OR Firm or John A. Smart Individual Name Address 708 Blossom Hill Rd., #201 Address Los Gatos CA 95032-3503 City State U.S.A. Country (408) 395-8819 (408) 490-2853 Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Timothy W. Genske Name Signature March 18, 2002 Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. ★Total of forms are submitted.

Docket No. LS/0022.00 Please type a blus sign (+) inside this box PTO/SB/81 (10-00) Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number. 10/068,254 **Application Number** February 4, 2002 **Filing Date** POWER OF ATTORNEY OR **First Named Inventor** Vale **AUTHORIZATION OF AGENT Group Art Unit** Unassigned **Examiner Name** Unassigned LS/0022.00 **Attorney Docket Number** I hereby appoint: Place Customer X Practitioners at Customer Number 28653 Number Bar Code Label here Practitioner(s) named below: Name Registration Number John A. Smart 34,929 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: X The above-mentioned Customer Number. OR Firm or John A. Smart Individual Name Address 708 Blossom Hill Rd., Address

Los Gatos CA 95032-3503 City State U.S.A. Country (408) 395-8819 (408) 490-2853 Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record William G. Swinton Name Signature March 18, 2002 Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

forms are submitted.

★Total of



PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Attorney Docket Number	LS/0022.00
Examiner Name	Unassigned
Group Art Unit	Unassigned
First Named Inventor	Vale
Filing Date	February 4, 2002
Application Number	10/068,254

I hereby ap	point:					,	1
X Practi	itioners at	Customer Number	28653].		Place Customer Number Bar Code	
OR						Label here	
☐ Practit	tioner(s) na	amed below:					_
<u> </u>		Name			Registratio	n Number	
Jo	ohn A. Sm	art		34	929		
<u> </u>							
<u> </u>		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
L_	_			ļ			
as my/our at	torney(s)	or agent(s) to prosecu	ite the application	identif	ied above, ar	nd to transact all	
business in	the United	States Patent and Tr	ademark Office co	onnect	ed therewith.		
		· · · · · · · · · · · · · · · · · · ·					
Please chang	ge the corr	espondence address	for the above-ide	ntified	application to	:	
X The abo	ve-mentior	ned Customer Numbe	er.				
OR							
Firm <i>or</i>	l Name	John A. Smart					
Address							
Address		708 Blossom Hill	Rd., #201				
City		Los Gatos		State	CA .	Zip 95032-350)3
Country		U.S.A.					
_Telephone		(408) 395-8819		Fax	(408) 490-	2853	
I am the:							
X Applic	cant/Invent	or.					
			. 0 07.050.0				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
Signature of Applicant or Assignee of Record							
	Post of		applicant of Assign	iee oi	Necora		
Name	Eric	O. Bodnar	$\supset \rho$				
Signature		() V	Lucie				
Date	March						
		ntors or assignees of records required, see below*.	rd of the entire interes	t or thei	representative(s) are required. Submit mo	ultiple
		rms are submitted.		_	····		
	·						